



KEEP THE PROMISE COALITION

Community Solutions, Not Institutions!

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Testimony before the Appropriations Committee

March 11, 2010

Re: The Governor's March 1, 2010 Deficit Mitigation Plan

Good morning/afternoon distinguished co-chairs and members of the Appropriations Committee. My name is Cheri Bragg, Coordinator of Keep the Promise, a statewide Coalition dedicated to investment in a comprehensive, community mental health system for children, adults and families in CT.

KTP was formed after the closure of two of CT's large state psychiatric hospitals. Advocates saw the devastating effects on children and adults following the failure to invest in a comprehensive community mental health system: people falling through the cracks into the correctional system or homelessness, and a costly overreliance on unnecessary emergency and residential care. **It is critical that CT not implement policies that will increase the use of costly emergency care in an already overburdened system during a time of state budget crisis.**

Connecticut will receive \$66 million in new federal funds under the federal stimulus bill to provide financial relief to our Medicaid program and protect prescription drug coverage for people on Medicare and Medicaid ("dual eligibles"), \$40 million of which can be accessed during the current fiscal year. The state must honor the stated intent of these funds which, quoting HHS Secretary Kathleen Sebelius, are intended to "help states as they struggle to maintain Medicaid." She also noted that President Obama recognizes "the critical role Medicaid plays in the health of our most vulnerable citizens."

The Governor's March 1, 2010 Deficit Mitigation Plan would implement harmful policies affecting the Department of Social Services that will significantly restrict access to medications and services by:

- Expanding the DSS Preferred Drug List to include ALL mental health-related medications – which is intended to remove the protection for those who are stable on psychiatric medications on Medicaid/SAGA.
- Increase prescription drug co-pays to up to \$20 per month for individuals enrolled in Medicaid and Medicare Part D.

- Impose co-pays on Medicaid recipients for certain services, and prescription drug co-pays of up to \$20 per month.

Eliminating the exemption for mental health-related medications would remove the protection recently implemented by this legislature to eliminate prior authorization requirements for any non-preferred prescription that the individual has filled or refilled in the previous 12 months. This would mean that people who are currently stable on medications would be subjected to prior authorization which often results in them walking away from the pharmacy without the needed medications. If a person ends up requiring emergency care or hospitalization as a result of not obtaining their psychiatric medication, the costs are not only merely shifted elsewhere, but also dramatically increased, something CT can ill afford.

Likewise, policies that increase prescription drug co-pays to up to \$20 per month for individuals enrolled in Medicaid and Medicare Part D ("dual-eligibles") have also been shown to shift and dramatically increase state costs due to increased emergency care and hospitalizations. The Deficit Mitigation Plan also proposes imposing co-pays on Medicaid recipients for certain services and prescription drug co-pays of up to \$20 per month. It does not make sense to implement these high co-pays on people whose incomes are the lowest in our state. They are making choices that are not real choices: between food, medication, and paying rent, heat or other bills.

People with psychiatric illnesses have come before the legislature on multiple occasions this past year to oppose and explain the harm associated with these same cuts that keep being brought back to the table over and over again. Providing access to medications and services is critical to individuals, cost-efficient for CT and good public policy. the same **Utilize the \$66 million in new federal stimulus funds for their intended purpose: to help CT maintain Medicaid**, avoiding unnecessary life disruptions for people and drastically increased and unsustainable emergency costs for the state of CT.

Thank you for your time.